

NORTH CAROLINA STATE BOARD OF ELECTIONS AND ETHICS ENFORCEMENT

2018 STATEMENT OF ECONOMIC INTEREST CANDIDATE

919-814-3600 www.ncsbe.gov/Ethics/SEI

Prefix	First Name	Middle Name	Last Name	Suffix
	James	David	Gailliard	
CURRENT EM	PLOYER	JC	B TITLE	
Word Tabernacl	le Church	Pa	stor	
NATURE OR T	TYPE OF BUSINESS			
Church/Not for	Profit			
REASON FOR	FILING (SELECT ALL THA	T APPLY)		
☑ CANDIDATI	E For (Specify the office for	which you are running)		
House of Repres	sentatives			
STATE GOVE	RNMENT JOB (Specify Ager	• .	OARD/COMMISSION (List operates on which you are serving	•
JUDICIAL OF	FICER (Specify Office)	L	EGISLATOR (Specify House	or Senate)

A. Do other immediate far	nily me	embers reside in you	r household?				
Yes □ No							
When used throughout this	s form,	the term Immediate	e family inclu	ides your spoi	use (unless legally so	eparate	d). It also includes
members of your extended	l family	y (your and your spo	use's children	n, grandchildr	en, parents, grandpa	rents, a	and siblings, and the
spouses of each of those p	ersons)	who reside in your	household.				
List the full name of all a		_	· ·			der 18 y	years old. Minors are
emancipated by marriage,					I *		T
FULL NAME OF ADULTS & EMANCIPATED MINORS	RF	ELATIONSHIP	EMPLOYER		JOB TITLE		NATURE OF BUSINESS
Ruth M. Gailliard	Mothe	er	Retired		Retired		Retired
Jada D. Gailliard	Daugh	nter	Full-time Stu	ıdent	Student		Student
B. List ONLY the initials	s of all	unemancipated mi	nors in your l	household bel	low. A minor is a ch	nild und	der 18 years old.
Note: You must list the fo							of this document.
INITIALS FOR UNEMANCIPATED CHILDREN	RELATIONSHIP		EMPLOYER		JOB TITLE		NATURE OF BUSINESS
PROPERTY INTEREST	rs				I		
1. As of December 31, 201 A. Have an ownership ✓ Yes □ No	_	• •		·		rket val	lue of \$10,000 or more?
Owner of Real Estat	te	% Ownership	Interest	Loca	tion by City		Location by County
James D. Gailliard 100			Rocky Mount		Nash		
B. Lease or rent real es	tate or	personal property to	or from the S	State of North	Carolina with a mar	ket val	ue of \$10,000 or more?
☐ Yes ☑ No		_					
Name of Lessor		Name of Lessee	(Renter)	If Real Estate, Location by City & County		If Personal Property, Describ	
		1		1		1	

2. At any time during $\underline{2016}$ or $\underline{2017}$, did yo	u, your spouse, or mem	bers of your immediate	e family sell to or buy from the State of
North Carolina personal property with a ma	rket value of \$10,000 o	or more?	
☐ Yes ☑ No			
Name of Purchaser	Name o	of Seller	Type of Property
FINANCIAL INTERESTS			
3. As of <u>December 31, 2017</u> , did you, your	spouse, or members of	your <u>immediate</u> family	own any of the following financial interests
valued at \$10,000 or more? LIST EACH C	OMPANY INDIVIDU	ALLY	
A. Stock in a publicly owned company?			
☐ Yes ☑ No			
Do not list ownership interests in	a widely held investmen	nt fund (including mutu	al funds, regulated investment companies,
_ _	•		ts assets are widely diversified; and (ii)
•	•	• •	•
•	-	control the assets held i	n the mutual fund, investment company, or
pension or deferred compensation	pian.	Enll Name of C	ommoner (Do mot use a tiplean semakal)
Owner of Interest		Full Name of Co	ompany (Do not use a ticker symbol)
B. Stock Options in a company or busine	ess?		
☐ Yes ☑ No			
Owner of Stock Option	on	Full Name of Co	ompany (Do not use a ticker symbol)
C. Interests in a non-publicly owned con	npany or business entity	(including interests in	sole proprietorships, partnerships, limited
partnerships, joint ventures, limited liability	companies, limited lia	bility partnerships, and	closely held corporations)?
☐ Yes ☑ No If "No", proceed to que	stion 4.		
Owner of Interest		Name of	Company or Business Entity

C (1). For each non-publicly owned company or business entity (the "primary company") identified in question 3.C above,						
please list the names of any other	•	s or business entities in	which the primary company	y own	s securities or equity interests	
valued at over \$10,000, if known.		oin aga Endido. (Ab a	Other Comments in an	lei ale 41	h a Daireann Carrenaum Orma	
Non-Publicly Owned Company or Business Entity (the Primary Company)		Security	or Eq	he Primary Company Owns juity Interests		
□ None or Not Known	□ None or Not Known					
C (2). If you know that any co	ompany or	business entity listed i	n 3.C or 3.C(1) above has ar	ny mat	erial business dealings or	
business contracts with the State of	of North Co	arolina, or is regulated	by the State, provide a brief	descr	iption of that business activity.	
Name of Company	or Busine	ss Entity	Description of Bus	siness	Activity with the State	
□ None or Not Known						
4. As of December 31, 2017, were value of \$10,000 or more that was Do not list assets held in blind tru	s created, e	established, or controlle	ed by you?			
☐ Yes ☑ No						
Name and Address of Tru	stee	Description	of the Trust	Your	r Relationship to the Trust	
5. As of December 31, 2017, did 3	you, your s	spouse, or members of	your immediate family have	liabil	ities of \$10,000 or more,	
excluding the mortgage on your p	-					
loans and intra-family debt.						
✓ Yes □ No						
Name of Debtor (You, Spouse, Immediate Family Member) Type of Creditor (Commercial Bank, Credit Union, Individual, etc.)						
James D. Gailliard			Credit Union			
6. List each source of income (no	t specific o	mounts) of more than	\$5,000 received by you your	r enou	se or members of your	
immediate family during 2017. In	_			_	·	
dividends, rental income, business			_			
		J P	1	J = 1.		
Do <u>not</u> include income received from the following sources:						
► Capital gains						
► Military retirement ► Social security income/SSDI						
Recipient of Income	Na	ame of Source	Type of Business/Indus	stry	Type of Income	
☐ I had no reportable income ove	er \$5,000 ir	n 2017.		'		
James D. Gailliard	Word Tab	ernacle Church	Church		Salary	

PROFESSIONAL AND CIVIC	RELATIONSHIPS		
employee, independent contracto Carolina primarily for religious, o	or spouse or members of your immer, or registered lobbyist of a nonpercharitable, scientific, literary, publiced to question 8.	rofit corporation or organization	operating in the State of North
▶ Do not list State boards	or entities, or entities created by a	a political subdivision of the Stat	e.
Do not list organization	s of which you are a mere membe	r.	
Name of Person	His/Her Position	Name of Nonprofit Corporation or Organization	Nature of Business or Purpose of Organization
James D. Gailliard	Pastor	Word Tabernacle Church	Religious
•	s or organizations listed above do n of the nature of that business, if k		
Name of Nonprofit Corp	poration or Organization	Describe State Bus	iness or State Funding
✓ None or Not Known			
Please answer the following ques	stion as it pertains to the following House of Re	g board/agency: presentatives	
	pouse, or members of your immed		
· · ·	y group with an interest in matters	· · ·	·
	dicial Officer - You are not requal a judicial officer or you are filing		you are ming because you are a
			.)
Name of Person Name of Society		-	ship Position (Director, Officer, Board Member)

		were associated where you or a n	
Name of Person	Relationship to Filer	Name of Company	Role of Person
✓ No Business Associations			
•		P(a) above had any material busines of <u>December 31, 2017</u> , provide a	· ·
Name of Compa	ny or Business Entity	Description of Busine	ess Activity with the State
☑ Not applicable (No entities	listed on #9a) No relationship	/ Not known	
	fficer/State Attorney of legal representation in which y	ou or the law firm with which you	are affiliated has earned legal fees
Administrative	Admiralty	☐ Corporate	☐ Criminal
☐ Decedent's Estates	☐ Environmental	☐ Insurance	Labor
☐ Local Government	☐ Real Property	☐ Securities	□Tax
☐ Tort litigation (including negligence)	☐ Utilities Regulation	☐ Other category not listed.	
·	icensed professional (other than arciation for which you charged or	* *	sulting services individually or as a
Туре	of Business	Nature of So	ervices Rendered

Please answer the following ques	•	~ ~ .		
10.4		epresentatives	,	.a
12. Are you or your employer, yo	•	·		currently:
	employing entity with which you			
• Regulated by the State board of	or employing entity with which yo	ou are or will be associa	ted or	
• Have a business relationship w	vith the State board or employing	entity with which you a	re or will b	be associated?
<u> </u>	dicial Officer - You are not requ	•		•
_	a judicial officer ("judicial office	r" is defined in the SEI	Helpful Tip	os) or you are filing as an
Name of Person	those offices.	yer (if applicable)	Type	of Relationship (Licensing,
Name of 1 crson	rame of Emplo	уст (п аррпсавіс)		Regulatory, Business)
13. Are you, your spouse, or a mo	ember of your immediate family	currently registered as a	lobbyist o	r lobbyist principal or were you
registered as such within the 12 r	· — ·	• •	1000,1500	r roce just primerpur or mere you
Yes ☑ No	1 37			
Name of Lobbyist	Lobbyist's Principal	Date of Registra	ation	Registration Expiration
OTTIVED DIGGE OGLIDEG				
OTHER DISCLOSURES				
14. During any calendar quarter i	in 2017 (but only the time period	after you were appointe	d, employe	ed or filed or were nominated as a
candidate), did you	` •	•		
• receive any gift(s) exceeding \$	200 per quarter from a person or	group of persons acting	together, a	<u>nd</u>
• when both you and those perso	n(s) were outside North Carolina	at the time you accepte	d the gift(s), and
• the gift(s) were given under cir	cumstances that would lead a rea	sonable person to concl	ude that the	ey were given for lobbying?
☐ Yes ☑ No		•		
	1 1 6 1 16	1		
	n by members of your extended f	-		
Do not report gifts that Report for Exempted Pe	have previously been reported by	you to the Department	of the Secr	etary of State on the "Expense
Date Item Received	Name and Address of	Describe Item Re	ceived	Estimated Market Value
	Donor(s)			

Please answer the following ques	•	g board/agency: epresentatives		
15. During 2017 (but only the tin		-	ere nominated as a candidate) did you	
	ding \$200 from a person or group			
• those person(s) were outside No	orth Carolina and		_	
•		ship" is a grant-in-aid. ei	ther direct or indirect, to attend a	
•	event, including tuition, travel			
☐ Yes ☑ No ☐ Judicial Official officia	_	plete this question if you a	re a judicial officer or you are filing as a	
 Do not report gifts that l Report for Exempted Pe 	• • • • •	you to the Department of	the Secretary of State on the "Expense	
•	ired to report scholarships paid by s a member or participant or an at		organization of which the legislator or	
Date of Scholarship	Name and Address of Donor(s)	Describe Event	Estimated Market Value	
Please answer the following ques	tion as it pertains to the following	g board/agency:		
		epresentatives		
• • • • • • • • • • • • • • • • • • • •	ou being considered for an appoin	tment to a covered board b	by the Governor or another Council of	
State member? Council of State members are:				
• Governor	• Lt. Governor	Secretary of	State	
State Auditor	• State Treasurer	Superintend	ent of Public Instruction	
Attorney General	1			
Commissioner of Insurance	e			
☐ Yes ☑ No				
If "Yes", list all contributions y	ou (NOT immediate family me	mbers) made during 2017	7 with a cumulative total of more than	
\$1,000 to the Governor or other	r Council of State member who	appointed you.		
	` '		to, "any advance, conveyance, deposit, or anything of value whatsoever."	
Date Amount Contributed to				
☐ No contribution(s) with a cum	ulative total of more than \$1,000			

Please answer the following question as it pertains to	the following board/agency House of Representatives	<i>7</i> :		
17. Are you an appointee or prospective appointee to:				
a. the head of a principal state department (e.g. cab. a North Carolina Supreme Court Justice, Courorc. a member of any of the following boards:	V: 11			✓ No o'', proceed to question
 ABC Commission Coastal Resources Commission State Board of Education State Board of Elections Division of Employment Security Environmental Management Commission Industrial Commission Human Resources Commission Rules Review Commission Board of Transportation UNC Board of Governors Utilities Commission 				
d. If so, were you appointed or are you being con position by a Council of State member? Council	= =	=		□ No
e. If so, you must indicate whether during 2017 y in any of the following activities with respect to a committee of the Council of State member who a i. Collected contributions from multiple concontributions, and transferred or delivered the or committee? Contributions are defined in a	e or campaign c position: f such multiple	□Yes	□No	
ii. Hosted a fundraiser at your residence or p iii. Volunteered for campaign-related activit phone banks, event assistance, mailings, can			□ No	
advances the campaign of a candidate? 18. Have you ever been convicted of a felony for whi expungement regarding that conviction? Yes No	ch you have not received ei	ther: (i) a pardon of	innoce	nce; or (ii) an order of
Offense	Date of Conviction	County of Convid	ction	State of Conviction

19. Are you aware of any other information that <i>you believe</i> may as compliance with the State Government Ethics Act?	ssist the State Ethics Commission in advising you concerning your
☐ Yes ☑ No If yes, please provide such information below.	
AFFIRMATION	
I affirm that the information provided in this Statement of Economiaccurate to the best of my knowledge and belief.	ic Interest and any attachments hereto are true, complete, and
I also certify that I have not transferred, and will not transfer, any a disclosure while retaining an equitable interest.	sset, interest, or property for the purpose of concealing it from
I understand that my Statement of Economic Interest and any attach	nments or supplements thereto (with the exception of the
Confidential Form regarding Unemancipated Children) are public r	record.
I acknowledge that I have read and understand N.C.G.S. 138A-26 r and N.C.G.S. 138A-27 regarding providing false information:	regarding concealing or failing to disclose material information
§ 138A-26. Concealing or failing to disclose material informat	tion.
A filing person who knowingly conceals or knowingly fails to statement of economic interest under this Article shall be guilt action under G.S. 138A-45.	disclose information that is required to be disclosed on a y of a Class 1 misdemeanor and shall be subject to disciplinary
§ 138A-27. Penalty for false information. A filing person who provides false information on a statement the information is false is guilty of a Class H felony and shall?	of economic interest as required under this Article knowing that be subject to disciplinary action under G.S. 138A-45.
☑ I Agree. It is my intention that this check box constitutes my ele information provided in this Statement of Economic Interest and best of my knowledge and belief.	
Filed Electronically	5/4/2018
Signature	Date
James David Gailliard	
Printed Name	